

## Office of Health Services Medical Care Programs

## Maryland Department of Health and Mental Hygiene 201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - Laura Herrera Scott, M.D., MPH, Acting Secretary

## MARYLAND MEDICAL ASSISTANCE PROGRAM Waiver for Children with Autism Spectrum Disorder Transmittal No. 19 January 16, 2015

TO:

**Autism Waiver Providers** 

FROM:

Susan J. Tucker, Executive Director

Office of Health Services

RE:

Waiver for Children with Autism Spectrum Disorder January 1, 2015 Service Rates

NOTE:

Please ensure that the appropriate staff members in your organization are

informed of the content of this transmittal.

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Payment rates for certain services under the Waiver for Children with Autism Spectrum Disorder have increased by 2.5 percent, effective January 1, 2015. The rates are based on amounts allocated in the budget of the Maryland State Department of Education. A list of revised payment rates is attached.

Please note that rates for Environmental Accessibility Adaptations are not subject to the State's budgetary increase of 2.5 percent. The amount a program participant may receive for Environmental Accessibility Adaptations has increased to \$2,000 per 36-month period. The amount was increased to allow program participants the ability to receive augmentative and assistive communication devices.

Questions regarding this transmittal should be directed to the Department of Health and Mental Hygiene's Autism Waiver Coordinator at 410-767-5206 or to the Maryland State Department of Education Provider Specialist at 410-767-1446.

Enclosure (1)

cc:

Maryland State Department of Education

Jeronica Baldwin

Web Site: www.dhmh.maryland.gov

## WAIVER FOR CHILDREN WITH AUTISM SPECTRUM DISORDER Payment Rates Effective January 1, 2015

Service	Procedure Code	New Payment Rate
Residential Habilitation – Regular	Z9300	\$201.70 per day
Family Leave – Regular	W9304	\$201.70 per day
Residential Habilitation – Intensive	Z9301	\$403.42 per day
Family Leave – Intensive	W9305	\$403.42 per day
Intensive Individual Support Services	W9306	\$15.28 per half hour
Regular Therapeutic Integration	W9307	\$12.23 per half hour (service is to be provided a minimum of 2 hours and a maximum of 4 hours)
Intensive Therapeutic Integration	W9308	\$15.28 per half hour
Adult Life Planning	W9311	\$50.17 per half hour
Respite Care	W9314	\$11.94 per half hour
Family Training	W9315	\$50.17 per half hour
Environmental Accessibility Adaptation	W9320	\$2,000 per 36-month period

Please note that a provider's travel time is not reimbursable by Medicaid. Other billing limitations apply, as specified in COMAR 10.09.56.

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